CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

the date of leaving office.

Election Year: __

Candidate

STATEMENT OF ECONOMIC INTERESTS RECEIVED & Received Official Use Only

A A POLITICAL TICES COMMISSIO GOVER PAGE

MAR 2 3 2010

1 DW 1. 04 Public Document

ELECTIONS OFFICIAL

Hemmingsen Gerry	Please pe or print in Ink.	SATE - LAW 1: 34 C	ивис Доситет	COUNTY OF DEL NORTE	
### 1. Office, Agency, or Court Name of Office, Agency, or Court Board of Supervisors District 4 District 4 Property Position: Chair, Board of Supervisors If fining for multiple positions, list additional agency(les)/ position(s). (Attach a separate sheet if necessary.) Agency. Position Position State Cuty of Del Norte City of Multi-County Other Other	NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPH ONE N UMBER	
1. Office, Agency, or Court	Hemmingsen	Gerry			
Name of Office, Agency, or Court Board of Supervisors District 4 Chair, Board of Supervisors If filing for multiple positions, list additional agency(es)/ positions; Position: Chair, Board of Supervisors If filing for multiple positions, list additional agency(es)/ position(s): (Attach a separate sheet if necessary.) Agency: Position: County of Del Norte City of Multi-County Check at least one box) Assuming Office/Initial Date		CITY	STATE ZIP CO	OPTIONAL: F-MAIL ADDRESS	
Board of Supervisors Division, Board. District, if applicable. District 4 Your Position: Chair, Board of Supervisors If filing for multiple positionis, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.) Agency: Position: City of City of Multi-County Multi-County Multi-County City of Check at least one box) Assuming Office/Initial Date: Assuming Office/Initial Date: Arnual: The period covered is January 1, 2009. through December 31, 2009. Leaving Office Date Left:/ (Check core) O The period covered is January 1, 2009, through the date of leaving office. Date Signed Date Signed Incurring this cover page: Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached interests." I have disclosed interests on one or more of the attached schedules: Schedule A-1	1. Office, Agency, or Cou	ırt	4. Schedule Sum	ımary	
District 4 District 4 Your Position: Chair, Board of Supervisors If fling for multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.) Agency: Position: Schedule A-2 Yes - schedule attached finestments places there is man into Ownershep (Investments places there is man into Ownershep) Schedule A-2 Yes - schedule attached finestments places there is man into Ownershep) Schedule B Yes - schedule attached finestments places there is man into Ownershep) Schedule B Yes - schedule attached finestments places there is place there is man into Ownershep) Schedule B Yes - schedule attached finestments places there is place there is place there is placed	Name of Office, Agency, or Court:		➤ Total number of pag	ges 6	
District 4 Your Position: Chair, Board of Supervisors If filing for multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.) Agency: Position: Position: City of Multi-County Multi-County Other Statement (Check at least one box) Assuming Office/Initial Date: Annual: The period covered is January 1, 2009, through December 31, 2009. Leaving Office Date Left: through December 31, 2009. Leaving Office Date Left: through Date Indicate of leaving office. Date Signed 03/11/2010 Date Signed 03/11/2010 Date Signed 03/11/2010 Individual Annual: The period covered is January 1, 2009, through the date of leaving office.	Board of Supervisors		including this cover	page:	
I have disclosed interests on one or more of the attached schedules.	Division, Board, District, if applicat	ole:		hedules or "No reportable	
The position of Supervisors If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.) Agency: Position: Schedule A-1	District 4				
Thing for multiple positions, list additional agency(les)/ position(s): (Attach a separate sheet if necessary.) Agency: Schedule A:	Your Position:		 	ests on one or more or the	
Investments Loss than 10% Ownershap)	Chair, Board of Supervisors	The state of the s	Schedule A-1 X Ye	s – schedule attached	
Agency: Position: Schedule A-2 ▼ Yes - schedule attached Investments inose or Greater Ownershap) Schedule B					
Schedule B	position(s). (Attach a separate	street in trecessary.)	Schedule A-2 X Ye	s – schedule attached	
Position: Position: Real Property Schedule C Yes - schedule attached Income, Loans, & Business Positions (Income Other man Gitts and Travel Payments)	Agency:	WWW	Investments (10% ar Great	ler Owhership)	
Schedule C Yes - schedule attached Income, Loans, & Business Positions Income Other man Gitts and Travel Payments: State County of Del Norte Schedule D Yes - schedule attached Income - Gifts Schedule D Yes - schedule attached Income - Gifts Schedule D Yes - schedule attached Income - Gifts Schedule E Yes - schedule attached Income - Gifts - Travel Payments	√			s - schedule attached	
State Schedule D Yes - schedule attached Income - Gilts Schedule E Yes - schedule attached Income - Gilts Schedule E Yes - schedule attached Income - Gilts Schedule E Yes - schedule attached Income - Gilts Travel Payments	Position:	M	Real Property		
Schedule D	2. Jurisdiction of Office (c	Check at least one box)	Income, Loans, & Busine		
County of Del Norte		•	Schedule 11 Yes	horizette eliberas	
Multi-County	⊠ County of Del Norte			3 - Someout anderied	
Other	City of	£	Schedule E Yes	s schedule attached	
No reportable interests on any schedule No reportable interests on any schedule	Multi-County		Income - Gifts - Travel I	Payments	
Assuming Office/Initial Date:/ Annual: The period covered is January 1, 2009, through December 31, 2009. O The period covered is/, through December 31, 2009. Leaving Office Date Left:/, through OThe period covered is January 1, 2009, through the date of leaving office. S. Verification I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed	Other			-or-	
Assuming Office/Initial Date:/ Annual: The period covered is January 1, 2009, through December 31, 2009. O The period covered is/, through December 31, 2009. Leaving Office Date Left:/, through OThe period covered is January 1, 2009, through the date of leaving office. S. Verification I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed		VIII. 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2 1818 2	No reportable intere	ests on any scheduje	
Annual: The period covered is January 1, 2009. through December 31, 2009. O The period covered is, through December 31, 2009. Leaving Office Date Left:	3. Type of Statement (Chec	ck at least one box)		***************************************	
Annual: The period covered is January 1, 2009. through December 31, 2009. O The period covered is	Assuming Office/Initial Date	e:	5. Verification		
Statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. Leaving Office Date Left:		January 1, 2009.		oble diligence in mannagine this	
O The period covered is/, through December 31, 2009. Leaving Office Date Left:/ (Check one) O The period covered is January 1, 2009, through the date of leaving office. Date Signed	-	Hellowaling			
December 31, 2009. Leaving Office Date Left:/	•	/ through			
Leaving Office Date Left:/ of California that the foregoing is true and correct. (Check one) O The period covered is January 1, 2009, through the date of leaving office. Date Signed		trii obgii		·	
O The period covered is January 1, 2009, through the date of leaving office. Date Signed 03/11/2010		J			
Date Signed	O The period covered is January	y 1, 2009, through the		hnl440040	
01	"		Date Signed		
O The period covered is/ through		/ through			

Signat_L

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

	RNIA FORM Pal practices ci	
Name Gerru	Hernmina	Ser

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Edward Jones Investing	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
1225 Marshall, Suite 125	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	[
S100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Mutual Funds ☐ Stock ☑ Other	NATURE OF INVESTMENT Stock Other
[Describe]	[Describe]
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C.
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	→ NAME OF BUSINESS ENTITY
→ NAME OF BUSINESS ENTITY	MARKE OF BUSHNESS ENTIFF
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	FAIR MADIST VALLEY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Qver \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
[Describe]	[Describe]
Pannership Colorme of \$0 - \$500	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	S2,000 - \$10,000
s100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Record on Schedule C)	Partnership C Income of \$0 - \$500 C Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 09 / / 09	/ / 09 / / 09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
, or again takes	1
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MOR-JON, INC.	FN POLLUX, INC.
Name 137 E. Washington Blvd. Crescent City, CA 95531	Name 801 Pine Grove Rd., Crescent City, CA 95531
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Retail Sales and Repair	GENERAL DESCRIPTION OF BUSINESS ACTIVITY Commercial Fishing
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATE SHARE OF THE GROSS INCOME IQ THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if moressary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necossary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
MOR-JON, INC. Name of Business Entity of Street Address or Assessor's Parcel Number of Real Property	F/V POLLUX, INC. Name of Business Entity of Street Address or Assessor's Parcel Number of Real Property
137 E. Washington Blvd, Crescent City, CA 95531	"B" Dock, Crescent City Harbor
Description of Business Activity pt City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST ☑ Property Ownership/Dead of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold — Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Gerry Hemmingsen

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Del Norte County	Del Norte County Unified School District
ADORESS (Busmess Address Acceptable)	ADORESS (Business Address Acceptable)
981 H Street, Crescent City, 95531	3D1 W. Washington Blvd. Crescent City, CA 95531
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Board of Supervisors	School
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Chair, Board of Supervisors	Teacher's Aid
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$1,001 - \$10,000	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of (Property, car, boat, erc.)	Sale of(Property, cer, boat, etc.)
Commission or Rental Income, iss each source of \$10,000 or more	Commission or Rental Income, set each source of \$10,000 or more
Other	Other
(Describe)	(Describe)
1	
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD	00
	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	in the lender's regular course of business on terms our official status. Personal loans and loans received
not in a lender's regular course of business must be of	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Passings Address Association)	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
PROMETOR COLLEGE, IL CIA'S OF PERSONS	
HIGHEST BALANCE DUDING DEDONATIO DEDONA	Real Property Street address
HIGHEST BALANCE DURING REPORTING PERIOD \$\times \text{3500} \cdot \text{\$1,000}\$	
\$1,061 - \$10,000	City
	Guerantor
[] \$10,001 - \$100,000	
☐ OVER \$100,000	Other (Describe)
	I 11 14 11 14

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	OMMISSION
Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Gerry Hemming	sen

► 1. INCOME RECEIVED	➤ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
MOR-JON, INC.	F/V POLLUX, INC.
ADDRESS (Business Address Acceptable)	AODRESS (Business Address Acceptable)
137 E. Washington Blvd. Crescent City, CA 95531	801 Pine Grove Rd. Crescent City, CA 95531
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail Sales and Repair	Commercial Fishing
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President	<u>President</u>
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 · \$10,000	\$1,000 \$1,000 \$1,000
▼ \$10,001 - \$100,000	\$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car, boal, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, its each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	равец
Other(Describe)	Other(Describe)
1	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
of a retail installment or credit card transaction, made	our official status. Personal loans and loans received
<u>-</u>	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
MPLICE T Innatited volumes schemiel	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
Businetta vallanti'in visit on Etwerk	_
MOUSET AN ANGER PURPLES PEROPETHING PEROPETHING	Real Property Sireel address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 · \$1,000	City
\$1,001 - \$10,000 	Guarantor
\$10,001 - \$100,000 	
OVER \$100,000	Other(Describe)
	(vesave)
Comments:	

Gerry Hemmingsen, March 9, 2010

Attachment to cover page: CA Form 700 Statement of Economic Interests

Additional Positions:

- 1. Del Norte Solid Waste Management Authority, Del Norte County, Alternate
- 2. LAFCO
- 3. Local Transportation Commission
- 4. North Coast Air Quality Control Board, Alternate
- 5. Resource Conservation District
- 6. Tri-Agency Economic Development Authority, Alternate
- 7. Border Coast Airport Authority
- 8. Debt Advisory Committee
- 9. Ocean Protection Council (Dungeness Crab Task Force)

CALIFORNIA FORM 700	STATEMENT C	F ECONOMIC II		Person person version
FAIR POLITICAL PRACTICES COMMISSION	BEIVEN C	OVER PAGE		MAR 3 0 2010
NAME (LAST) Hemmingsen By	Gerry Gerry	(MIDDL	D (1)	COMMINION LENGTH NUMBER
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE CA	ZIP CODE	OPTIONAL: F-MAIL ADDRESS
1. Office, Agency, or Cour	t	4. Schedul	-	y

1. Office, Agency, or Court
Name of Office, Agency, or Court:
Board of Supervisors
Division, Board, District, if applicable:
District 4
Your Position:
Chair, Board of Supervisors
▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency:
,
Position:
· ·
2. Jurisdiction of Office (Check at least one box)
☐ State
☑ County of De! Norte
City of
Multi-County
U Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2009, through December 31, 2009.
-Or-
O The period covered is
Leaving Office Date Left://(Check one)
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/, through the date of leaving office.
▼ Candidate Election Year: 2010

4. Schedule Summary		
► Total number of pages including this cover page:		
► Check applicable schedules or "No reportable interests."		
I have disclosed interests on one or more of the attached schedules:		
Schedule A-1 X Yes – schedule attached Investments (Less than 10% Ownership)		
Schedule A-2 X Yes – schedule attached Investments (10% or Greater Ownership)		
Schedule B Yes – schedule attached Real Property		
Schedule C		
Schedule D		
Schedule E		
-or-		
No reportable interests on any schedule		

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed	, 03/11/2010
	(manth, day, year)
Signature	and the same of th
(File the originally	signed statement with your ting official.)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION	
Name	

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Edward Jones Investing	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
1225 Marshall, Suite 125	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000 □ Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Mutual Funds	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule of
O income Received of \$000 of White (Report of Schedule C)	Theorie Received of \$300 of Wiole (Repair of Schedule)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ <u></u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL DESCRIPTION OF DOSINESS ACTIVITY	Service pession have an abstract Activity
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Olher(Describe)	Stock Other (Describe)
Partnership O Income of \$0 - \$500	Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED OISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
Partnership Income of \$0 - \$500	Partnership O Income of \$0 - \$500
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/. / 09 / / 09	/ / 09 / / 09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	1
Comments:	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MOR-JON, INC.	F/V POLLUX, INC.
Name 137 E. Washington Blvd. Crescent City, CA 95531	Name 801 Pine Grove Rd., Crescent City, CA 95531
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 🗵 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Retail Sales and Repair	GENERAL DESCRIPTION OF BUSINESS ACTIVITY Commercial Fishing
FAIR MARKET VALUE IF APPLICABLE, LIST OATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST OATE: \$2,000 - \$10,000 / 09 / 09 / 09 / 09 / 09 / 09
NATURE OF INVESTMENT Sole Proprietorship Partnership Chei	NATURE OF INVESTMENT Solie Proprietorship Partnership Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RAT/ SHARE OF THE GROSS INCOME ID THE ENTITY/TRUST)	A ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME 10 THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499 \$ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
MOR-JON, INC.	FN POLLUX, INC.
Name of Business Entity or Street Address or Assessor's Parcel Number of Reat Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
137 E. Washington Blvd. Crescent City, CA 95531	"B" Dock, Crescent City Harbor
Oescription of Business Activity or City or Other Precise Location of Real Property	Oescription of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST OATE: \$2,000 - \$10,000 \$10,001 - \$100,000 0.000 0.	FAIR MARKET VALUE IF APPLICABLE, LIST OATE: \$2,000 - \$10,000 / 09 / 09
\$100,001 - \$1,000,000 ACQUIREO OISPOSEO Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIREO DISPOSEO Over \$1,000,000
NATURE OF INTEREST Property Ownership/Oeed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Oeed of Trust Stock Partnership
Leasehold Yrx. remaining Other	Leaschold Other
Check box il additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Gerry Hemmingsen	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Del Norte County	Del Norte County Unified School District
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
981 H Street, Crescent City, 95531	301 W. Washington Blvd. Crescent City, CA 95531
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
County Board of Supervisors	School
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Chair, Board of Supervisors	Teacher's Aid
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000
∑ \$10,001 - \$100,000 ☐ OVER \$100,000	X \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boal, etc.)
Commission or Rental Income, Iss each source of \$10,000 or more	Commission or Rental Income, fist each source of \$10,000 or more
Other(Describe)	Uescribe)
11	
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD	OD .
You are not required to report loans from commercial to of a retail installment or credit card transaction, made in available to members of the public without regard to you	
not in a lender's regular course of business must be d	isclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/years)
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
S500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	
Gerry Hemmings	sen

► 1. INCOME RECEIVED	◆ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
MOR-JON, INC.	F/V POLLUX, INC.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
137 E. Washington Blvd. Crescent City, CA 95531	801 Pine Grove Rd. Crescent City, CA 95531
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail Sales and Repair	Commercial Fishing
YOUR BUSINESS PDSITION	YOUR BUSINESS POSITION
President	President
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
	☐ S10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repaymeni
Sale of (Property, car, boat, efc.)	Sale of(Property, car, boar, etc.)
Commission or Rental Income, fist each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
_	
Other	Other
(Describe)	(Describe)
	VAP.
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
	l lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
not in a lender's regular course of business must be	
N. 15 (505	INTEREST DATE
NAME OF LENDER	INTEREST RATE TERM (Months/Years)
ADDRESS (Burniss and Address Acceptable)	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Coler danies
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	U Oub(a)(0)
OVER \$100,000	Other
	(Describe)
Comments:	

Gerry Hemmingsen, March 9, 2010

Attachment to cover page: CA Form 700 Statement of Economic Interests

Additional Positions:

- 1. Del Norte Solid Waste Management Authority, Del Norte County, Alternate
- 2. LAFCO
- 3. Local Transportation Commission
- 4. North Coast Air Quality Control Board, Alternate
- 5. Resource Conservation District
- 6. Tri-Agency Economic Development Authority, Alternate
- 7. Border Coast Airport Authority
- 8. Debt Advisory Committee
- 9. Ocean Protection Council (Dungeness Crab Task Force)